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in this way I have never yet seen an abscess, and where aseptic precautions are taken there is practically no danger.

There is less tendency to chill afterwards than in the venous infusion; this is probably owing to the fact that, being injected into the loose tissues, it is taken up slowly by the blood-vessels and the stimulation is more gradual than when injected directly into the vessel; in that case it reaches the heart,—in fact, the entire system,—so rapidly that the stimulation is so sudden it is a shock, and produces a revulsion that is manifested by a chill.

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## CONVALESCENCE

By RUTH BREWSTER SHERMAN

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SOME years before I entered a training-school I was much struck by a comment on nurses by a lady who had employed several. After praising their devotion to work and their general helpfulness, she added that they seemed to lose interest in their patients when recovery set in and to be almost eager to get away. "The best judge of a game," says the wise Lord Bacon, "is not the player, but the spectator, who sees under what advantages or disadvantages the player takes his part." If spectators criticise our "game," what better chance can we have to learn our faults and make our profession more acceptable to the public?

During a definite illness, be it long and wearing or short and sharp, a nurse's duties are positive and sure, hers—and hers only. She has been trained to watch, recognize, and meet abnormal conditions; to do certain things in certain ways; to fit her thoughts, methods, and efforts to the requirements of the disease rather than of the individual, who at this time has lost his interest in life, his habitual attitude and poise, his natural disposition, and is really, however perverse and wilful he seems, in the hands of his physician, family, and nurse for a new adjustment to life as he regains his health. But what preparation has she made within herself, what training has the hospital given her, to meet the longer, infinitely more trying, and scarcely less important time of convalescence?

In hospital work we practically do not see convalescence, because the patients are so early discharged to make room for more needy ones, and we are too busy with the very sick to give the recovering inmates all the thought and planning they should have; but perhaps we are too ready to feel that this is by no fault of ours, only the pressure of circumstances. We get our "up-patients" dressed and in wheel-chairs in

some pleasant spot, take them food and medicine, perhaps put books within reach or make sure they are near favorite friends; then a dozen duties claim our attention and keep it—usually for too long. Do we get our patient back to bed as soon as the frail body should go? Do we remember how any position, unchanged, becomes an unendurable cramp? that as the hours pass the woman who was left with her face in the shadow and her feet in the sun, may now have the bright light in her eyes and the cold shade on her body? that wraps may slip or clothing be disarranged? that the fact of being up often gives a thirst for water and longing for fresh air which were not felt in bed? that the body, long used to bedclothes, is usually sensitive to chill, pressure, or constriction? Do we ourselves enjoy looking from the same window at the same angle for several hours, and can we talk interminably with the same person whom we see every day? Did we give a thought to the appropriateness of those books? Do we remember that invalids depend greatly on the mere feeling of being personally cared for, and miss it like a true physical comfort if it is suddenly withdrawn? Are we sure that where we left the beds on the porch the occupants will not see disagreeable sights? that they *will* see anything pleasant? that the neighbors are congenial? Patients who walk about and do much for themselves are often pitifully neglected as to the things which they cannot do.

In private work the time of recovery puts a far greater strain on the nurse than the illness, and taxes her resources infinitely more. In the beginning she came, fresh and vigorous, to aid a family worn out by anxiety and care. When convalescence sets in the relatives are relieved, happy, gay; the invalid is regaining his hold on life and needing occupation, recreation, exercise, and amusement at the very time when the nurse is not only tired, but deprived of her strongest incentive to effort—for the loosening of the tension of anxiety by which the family regain their wonted spirits removes the stimulation which vivified her work. The invalid must never think of this; the family, alas, remember it too seldom.

It is for this time that all her knowledge, inventiveness, tact, patience, and self-command are needed, and it is for this time that she should most jealously have preserved any talents or accomplishments which she had before entering the training-school and which are often wholly neglected afterwards; that she may help the peevish child to a happier frame of mind, reconcile the restless, athletic boy to enforced captivity, occupy the book-loving girl without taxing eyes or brain, and make seclusion endurable for the active, energetic man or woman. It is *now* that her skill in cooking and serving food is needed, *now* that she must read aloud for endless hours, *now* that she must massage the weary

muscles, arrange exercises which can be given in bed, or insist upon and regulate necessary exertions. The nurse who can sing or otherwise make music, who can play cards well or teach a new game of solitaire, who can show a new design for knitting with large needles, who can read in another tongue than English, will be more acceptable often—not always—with a grown person. If she can draw, paint, or model in clay; if she can teach simple botany, geology, or ornithology in that time when, after illness, all God's world seems new and wonderful; if she can show worsted work or paper weaving or others of the myriad diversions of the kindergarten; if she remembers the puzzles and games which amused her own childhood; if she can make doll clothes, or rig a ship, or raise a plant from a seed, or a moth from a cocoon, or a frog from a tadpole,—if she can think of things to do, and do them, she will succeed with children.\*

And, above all, she should be a story-teller; not in the sense of inventing tales (though this is of inestimable value), but in the sense of making grist of all that comes to her mill—gathering from every walk or chance encounter or unexpected incident something which she can tell her patient in an interesting way; a faculty for reviewing books which cannot be obtained for reading in a manner which will impart something of their native brightness; a knack for quoting funny things stored away, perhaps for many years, in the memory, and for clothing attractively any experience of her own or borrowed with which she enlivens a dull quarter of an hour. A moderate amount of what Dr. Van Dyke calls “good talkability” can be made very welcome in the sick-room.

It is hard work—the hardest a nurse has to do—this adapting herself to the personality of the patient instead of to his disease. Many

\* I am so fortunate as to have found, since writing this, the opinion of a high authority on this point of amusing children. The Hon. Sydney Holland, chairman of the London Hospital, in his “Two Lectures to the Nurses of the London Hospital” (England: Whitehead, Morris & Co., December, 1897), a pamphlet which every nurse ought to read and own, says:

“If you cannot make a doll out of a pocket-handkerchief, you must learn how. A nurse's education is not complete without this useful accomplishment, nor do I feel sure that any woman is justified in calling herself ‘trained’ unless she can make boats and frogs out of paper. Children love games of everyday life played with anything which does service for a doll better than with a real doll. Can you tell stories to children? It is dangerous, because if you begin you will have to go on; but how they do love stories! Disturbing subjects must not be mentioned. They like simple stories with no stirring incident. A string I always play on is a child doing something to surprise and please its mother or doing some unexpected kindness.”

The chairman should certainly add, however, that no normal child likes too evident a moral to its story, and that sick children especially resent “preaching.” Every word of the two lectures, however, is most valuable.

times she will feel like an overstretched elastic cloth with all the rubber fibres broken and only the unyielding fabric left, like a sponge from which all moisture has been squeezed and wrung. And through it all with the skill of Ulysses must she steer her course between Scylla and Charybdis and guard against the danger of doing too much for her convalescent, remembering always that the truest service is to speed the return of normal ethical and physical relations with life, and the greatest injury is to undermine his native self-reliance and coddle him into too long or too weak a mental or physical dependence upon others; for as surely as a nurse can be an inestimable blessing to an invalid during illness, just so surely is there a point beyond which she may, unless she is very wise, resolute, and tactful, counteract all her own good work and almost stop her patient's improvement. Used to being waited on, many convalescents will indefinitely defer making any effort for themselves, and their attitude is often seconded by anxious relatives, who fear over-exertion for the invalid and, perhaps naturally, mentally accuse of selfishness the nurse who withdraws part of her own services and tries to arouse some activity in her charge. It takes endless tact and discretion to manage this point, but it must be done nevertheless, for however much a nurse may be misjudged, her real duty is not to endlessly wait upon her patient, but to restore his ability to wait upon himself.

This is and can be only a rough and poor outline of a large subject: a few thoughts which, if they can set nurses yet in training to thinking for themselves along the lines of preparation for convalescent nursing, will lead to the discovery of far more than is suggested here. What I have chiefly tried to say is, that the serious "complications and sequelæ" of any disease are not only those enumerated in the medical text-books, but also apathy and egotism, dulness, discontent and ennui, selfishness and indifference to the claims or rights of others; and for these symptoms of decadence a nurse must, after a long and trying case, watch herself as well as her patient. Doing physical battle for one, she must do moral battle for two, and should arm herself accordingly. Two recent remarks come strongly to mind and balance each other. The first is the complaint of a patient in a hospital ward:

"The trouble is, I've been here too long. It is three months since my operation, and everyone has lost interest in me."

The second is the explanation by a head nurse of her choice of work:

"I trained for private nursing and never dreamed of doing anything else, but I came back to the hospital because I found I'd do *anything* rather than push an invalid in a wheel-chair."

Is it not probable that if a nurse whose goal is private duty during her years of preparation has her attention directed a little more ex-

plicitly to the requirements of the wearisome time which comes "three months afterwards," when her patient will be, not in bed but still not beyond a chair, she will so forearm herself that she need later make no such painful discovery of her own limitations to turn her aside from "the part which she hath chosen"?

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The remarks made by Mrs. Henry Gold Danforth at the graduating exercises of the School of Nurses of the Rochester City Hospital are so much in the line of Miss Sherman's paper that we quote from them, as an appendix:

"There are two courses of instruction which would be of great value to all nurses which are, I think, not included in the curriculum of any school. It is not quite easy to accurately name either of them, but the first might be called Personal Experience and the second Nursing Citizenship.

"Perhaps in time there will be a chance that the second course may have a growing attraction, but the first probably only the devoted few will ever be willing to take, for its instruction must lie in the tedious process of trying it yourself; in other words, every nurse should feel that her equipment is not complete unless she has herself experienced the miseries of a good, hard illness, with a tedious convalescence full of complications, large and small, and some instructively sharp pains. How otherwise can it ever be possible to thoroughly understand the mighty temptations and trivial trials of a patient, the utter loss of a scale of ordinary existence for every event and happening of the twenty-four hours, or the sense of absolute dependence on a will not your own, with a childish impatience of that very dependence and its alternate of utter confidence and self-surrender? It is the custom to condole with a nurse in training over what is called her 'loss of time' by illness. To do so is wrong; properly used, every minute of that lost time should carry invaluable lessons in applied knowledge, not only as to what it feels like to be the one cared for, but whether the care received be good or ill, as to the little personal ways that mean more of comfort and discomfort to a patient than the larger matters which will surely be learned in class."

